

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 20/608,170  
APPLICANT(S)

FILING DATE

CLAIMS					
ADVERSE		ADVERSE AMENDMENT		ADVERSE 2ND AMENDMENT	
NO	DEP	NO	DEP	NO	DEP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL NO.	2	TOTAL NO.	2	TOTAL NO.	
TOTAL DEP.	23	TOTAL DEP.	23	TOTAL DEP.	
TOTAL CLAIMS	25	TOTAL CLAIMS	25	TOTAL CLAIMS	